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ABSTRACT

These two booklets comprise a new program by the Jaycee's called Operation THRESHOLD. Patterned after the U.S. Jaycees Family Life Development Program, these booklets focus primarily on prevention. They employ a group discussion format to elicit responses from people on how we influence and teach children. The responsible use and nonuse of alcohol is given a special emphasis in this respect. All in The Family can be read alone, can be used by parent and child, or employed as a participant's workbook in a relaxed, informal group discussion setting. (Author/HMV)

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UNDERSTANDING HOW WE TEACH AND INFLUENCE CHILDREN ABOUT ALCOHOL

A special thanks to Reverend Philip Des Rosiers, Dr. Gerald Globetti, and Mr. Terry Martin, Esq.

YOUR MODERATOR OR CHAIRMAN

If All in the Family takes place in a group discussion setting, a moderator or chairman will help guide the dialogue. For this purpose, a Chairman's Guide for All in the Family is available. It contains helpful hints for planning, guiding and maintaining discussion, and follow-up. The moderator or chairman will help enhance the overall effectiveness of your participation in the All in the Family program. Order Cat. No. 753-8.

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CONTENTS

Page

Introduction 1

Ground Rules 2

Chapter I
Parents as Models of Values 3

Chapter II
Parental and Primary Group Responsibility 10

Chapter III
Attitudes and Concepts Children Should Know 14

Chapter IV
As Parents, Do You Know
What Responsible Drinking Is? 20

Chapter V
What Can You Do? 22

Chapter VI
Conclusion — A Positive Response 29

Critique 33

Bibliography 35

Other Resources 36

Appendices

Appendix A — Exercise About Teenage Drinking 37
Appendix B — Alcohol Self-Test for Parents 38
Appendix C — Alcohol Self-Test for Adults 39
Appendix D — Alcohol Self-Test for Teenagers 40
Appendix E — Alcohol: Some Questions and Answers . . . 41

INTRODUCTION

Current studies reveal that the use of alcohol is an almost universal phenomenon among young people. Some alcohol educators believe, however, that use in and of itself is not nearly as troublesome as the high rate of irresponsible, excessive, and abusive drinking by youths.

All in the Family is a program to help you become more conscious and aware of the important role that you can play in the prevention or minimization of alcohol problems within the context of family life or personal development. This program is for adults, parents, youths, neighbors, and friends. Especially noteworthy is an understanding of the factors which appear to influence a child's attitude, awareness, and behavior regarding alcohol whether by imitation, identification, conversation, or observation.

Interestingly enough, these same factors apply to almost every other learned behavior in addition to alcohol. However, since alcohol abuse and alcoholism is the nation's number one drug problem, and since drinking problems are rising among young people, our focus is on the prevention of these specific types of problems. With 10 million alcoholic Americans, there is a growing need to discover ways of preventing alcohol problems in our society.

All in the Family is not all-inclusive. It may raise more questions than it answers. The whole business of teenage drinking, drunkenness, responsible drinking, abstinence, and the illness of alcoholism is much too complicated and extensive to discuss in one or two nights or in a single workshop session.

This guide is concerned with the presentation of facts and information. It is not intended implicitly or explicitly to encourage or discourage drinking.

It is hoped that your participation in this program will strengthen family communication, enrich family life, and hopefully help prevent serious alcohol and other drug problems from developing in your family.

HOW CAN THIS PROGRAM BE USED

All in the Family can be read by an individual for personal information, between parent and child to establish better communications, or can become the vehicle for a revealing group discussion among parents, clergymen, law enforcement officers, teachers, health people, educators, government leaders, employees and various other groups of people. A group discussion in one's home with neighbors and friends interacting under relaxed, comfortable conditions would be an ideal setting for this program to take place. Finally, **All in the Family** could be integrated into a larger program such as the U.S. Jaycees Family Life Development Program or a conference, workshop or community-wide meeting.

Imagination and innovation are needed to enhance the overall effectiveness and atmosphere of honesty in which this program is used. For example, you might want to undertake this program at a picnic, outing, or camp site with your co-workers, friends, or family.

SOME GROUND RULES

Avoid put-downs. Different viewpoints should be respected.

It's OK to pass — no one has to respond to a question.

There may be unfinished business or discussion. Don't worry about it.

Some questions may be unanswerable due to their scientific, technical, or medical nature. (A local or state alcoholism resource person, counselor, or health person might be able to clarify or enlighten you on these. Also, see "Alcohol: Some Questions & Answers" in Appendix E.)

Chapter I

PARENTS AS MODELS OF VALUES

The central task of family life is to provide an opportunity for children to learn what it means to be human, to live with controls, to work with others, to gain living skills and to grow into responsible, affectionate human beings who care about themselves, others and the world in which they live.

In the years ahead, families will continue to create human life, to stay together, to give affection and care, and to enable growth in many ways.

Although the roles encompassed in parenthood may change, the ancient challenges of parenthood will always remain. Children will continue to need loving adults who meet their physical and emotional needs and who inspire them with generosity and hope for fulfilling the task of humanizing themselves and their world. The American family is the nation's hope for today and tomorrow. Through it, we can shape, mold, guide and influence the generation which will inherit the future.

The purpose of this booklet is to discuss how this process of nuturing and growth occurs.

One critical need in American family life is for parents to become effective models for their children. Adults are constantly modeling for the younger generation. If parents value honesty, parents must be models of honesty. If parents value generosity, parents must exhibit generosity. If parents believe in financial integrity, then they must be prompt in meeting this responsibility. By the same token, if they believe in the concept of responsible drinking, they should not misuse beverage alcohol. Adequate modeling is perhaps the surest way that young people can acquire the positive values which add to a precise and happy life.

The importance that parents have as models and inculcators of values has been superbly pointed out in a program brochure entitled DO AS I DO: The Parent's Role in Preventing Alcohol Abuse prepared for the Pennsylvania Public Television Network as a continuing education service of the College of Education and the College of Health, Physical Education, and Recreation of Pennsylvania State University. DO AS I DO was one component of an overall statewide campaign in Pennsylvania called "When to Say When." Here are some excerpts from this brochure written by Judith Frankel D'Augelli and Joan M. Weener:

> "Children learn a great deal from adults and much of what they learn is through observation. Most of a child's repertoire of language, actions, and attitudes is developed through observing the important people in his life — mainly parents. In other words, the child's behavior is modeled after the behavior of those important people. Parents give many messages to their children. Some are carried through words, but many more are communicated through gestures, facial expressions, body posture, voice tone, and touch. Researchers have estimated that as little as seven percent of our communication is through words alone.
>
> When we want to say, 'I love you,' we usually hug or kiss or give a certain glance. If we are angry, we communicate our anger far more powerfully in the hard tone of our voices and by scowling than by our words.

If we drink liquor, we are 'saying' it is okay, or even good, to drink. Children learn these 'messages' and frequently imitate us as they play with dolls, pets, or with other children.

We can foster a responsible attitude toward alcohol by other means, in conjunction with modeling. Children do not have the skill or knowledge to know how to use alcohol or other drugs wisely. They need to be taught. The way parents can use direct teaching most comfortably and profitably is to take advantage of natural opportunities as they arise in everyday life. Child psychologists have found that children learn best when they are developmentally ready to learn, not necessarily when adults want them to learn. Children show that they are ready by asking questions, making comments, or indicating by gesture that they would like to know something. These questions, comments, and gestures signify what educators call teachable moments, points in time when the child not only is ready to learn, but actively wants to learn.

Parents should try to capitalize on teachable moments as they occur. For example, a teachable moment might occur when your daughter asks you why you drink while you're watching football or some other TV program. In such a moment, you can tell your child,

'Because I like to. Some people drink, some don't.'*

Or you can teach much more directly by adding:

'I like the taste of it. Also, because I sometimes like all of my body to be relaxed. Liquor helps the body to relax. So if I'm watching TV or waiting for supper, sometimes I have a drink. I never get drunk or "high".'*

Another time you might add:

'I only drink to get relaxed. If I had to work or drive, I wouldn't drink.'*

You might want to further explain why you drink two or three bottles of beer instead of six or eight or ten at one time.

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*Sentences modified by THRESHOLD Program Manager with permission of authors.

The point is that your children will learn from you that drinking is okay within certain guidelines. When you explain your own reasons and feelings and include factual information a little at a time, your child begins to learn how to use alcohol appropriately and responsibly.

Teachable moments also occur in the homes of non-drinking parents. In such a moment, your child may ask, 'Why do you always drink iced tea? Why don't you drink beer like Johnny's dad?' Here you can honestly give your reasons for not drinking, but in a manner that does not degrade the father of your child's friend. One parent might say:

'Well, I really don't like the taste of beer, and prefer iced tea instead.'*

Another might answer:

'Well, some people like wine and other drinks that have alcohol in them. But I don't because of my religious beliefs.'*

or

'Well, some people can drink safely. I can't because of my health. My doctor has advised me not to drink.'*

However you respond, it's important to let your child know how you think and feel so that he will continue to look up to you without looking down on others."

When our values about people and life, religion and philosophy, drinking and responsibility are communicated by deed rather than words, the message usually comes through. By example, children can see what values do, how they get across and what effect they have on life. More than most parents realize, children are most likely to accept these values, not because of what you say, but because of what you do.

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* Sentences modified by THRESHOLD Program Manager with permission of authors.

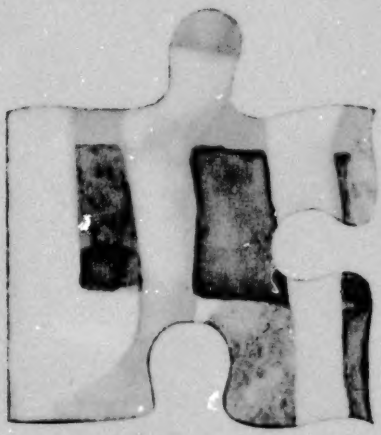
If parents excessively use vitamin pills, aspirin, tranquilizers and other medicines, then they model a chemical dependency-prone behavior for their children. Parents who misuse alcohol, or who degrade racial, ethnic and religious groups and carry on other forms of similar behavior, are also modeling for their children. Everything we do, good or bad, has some influence on our children's lives. Young people have a greater need for good models than they do for critics.

Children are less likely to grow up to misuse alcohol and other drugs — or do things to hurt themselves if . . .

* They feel good about themselves.

* They know how to make sound decisions.

* They can understand and express their own feelings.



Parents naturally want to do what is best for their children. They try to give their children the best possible start in life so they can grow up physically and emotionally healthy. For example, when parents understand how the nutrition of a child is related to his physical health in later years, they strive to provide balanced meals and an appreciation of a good diet among their children. Parents who understand their role as models for their children often study and seek guidance to become more effective in this role. Parents become better parents through a desire to learn and through conscious daily effort. Being a good parent is not automatic.

However, whether they want to be models or not, the fact is that parents <u>are</u> models for their children. Being a good parent implies accepting this responsibility and trying to provide a good example to the child.

In considering these points, let's try a little exercise in influence or emulation:

EXERCISE No. 1

1. I think that spanking children is _____ good _____ bad.
2. Politically, I am a registered _____ Democrat
   _____ Republican
   _____ Independent.
3. If I went to the hospital and were asked my religious affiliation, I would say I am a _____.
4. I think that drinking alcoholic beverages in moderation is acceptable. _____ yes _____ no
5. I presently teach my children to believe in the tooth fairy. _____ yes _____ no

EXERCISE No. 2

1. My folks felt that spanking children was ____ good ____ bad.
2. My father was registered as a _____ Democrat
   _____ Republican
   _____ Independent

My mother was registered as a ____ Democrat

____ Republican

____ Independent

3. My parents' religious affiliation was _____.

4. My parents felt that drinking alcoholic beverages in moderation was acceptable. ____ yes ____ no

5. My parents taught me as a child to believe in the tooth fairy.

____ yes ____ no

Now compare answers on Exercise No. 1 with answers on Exercise No. 2. If the answer is identical or similar, score 1 in the plus column on the following score sheet. If the answer is completely different, score 1 in the minus column.

SCORESHEET

	Plus	Minus
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
	_____	_____ TOTALS

Add up pluses and minuses. Subtract minuses from pluses. Your final score is _____.

(Please note)

The points selected for comparsion are simply illustrations of the parent "influence" or "model" concept and were not chosen on the basis of scientific research. Even if the final score on your sheet does not support this major point of parent "influence" or the "model" concept, all of the available research to date tends to corroborate this point.

If the tally is a negative number, ask yourself and anyone participating with you why they think this happened. Identify other areas where children's attitudes and behaviors tend to parallel their parents. How do you feel the model concept applies in a one-parent family?

Chapter II

PARENTAL AND PRIMARY GROUP RESPONSIBILITY

Parental responsibility has been implied quite often in this text . . .now it's time to pinpoint where some of this responsibility lies:

AS A PARENT

It is a responsibility of parents to prepare their children for living in a predominately "drinking" society. This involves teaching accurate information and conveying healthy attitudes regarding alcohol in order that young people may be equipped to make their own responsible decisions about drinking.

Studies show that among groups with low rates of alcoholism, children are introduced to drinking early in life within a strong family or religious context. Excessive drinking in these groups is not tolerated and is considered neither smart, sophisticated nor comical. In such settings, children learn the norms of responsible drinking practices in their formative years.

Studies further demonstrate that the drinking practices of young people tend to parallel those found in their homes. Parents who abstain from alcohol are teaching their children by example that abstinence is a valid option which some people prefer. Similarly, if parents drink, they are teaching their children to drink by their example. Moreover, not only is there a correlation between parental and child usage of alcohol, but there is also a similarity in drinking styles. In other words, young people tend to drink in the manner that their parents do. There is a similarity between the drinking patterns of parents and the adult drinking patterns of their children. Most often, parents who are abstainers have children who are also abstainers; light-to-moderate drinkers have children who usually become light-to-moderate drinkers; heavy drinkers have children who often become heavy drinkers. Thus, the circumstances which surround a young person's initial introduction to alcohol are important in the development of future alcohol use.

Although an individual's drinking pattern in American society is influenced by age, sex, peers, education, urban or rural residence, religion, and cultural and ethnic norms, the family is the foremost factor and far outweighs these other environmental influences in impact on youth drinking.

Primary Groups

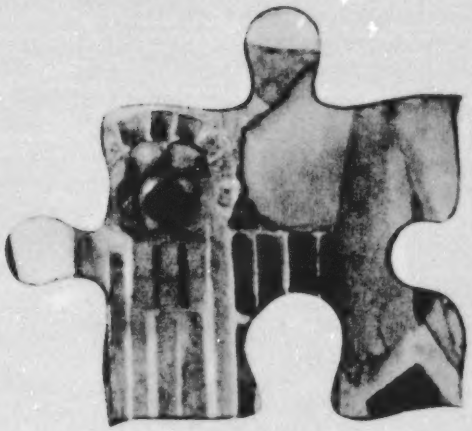
The early years of childhood are extremely important in the development of personality. Not only are good health habits established, but relationships to people in primary groups are formed which become the basis for future group living and development. Primary groups consist of those people whom you meet often or fairly regularly in close, intimate, face-to-face relationships:

. . . parents

. . . brothers, sisters, relatives

. . . school and neighborhood friends

. . . teachers and supervisors



The basic attitudes which spell out the kind of adult you are likely to become take form in these early primary group relationships. They may influence the amount of education or the type of occupation you are thinking about. The person you marry and the kind of home life that results may similarly be strongly affected.

The individual problem of the use of alcohol often assumes importance when young people become active in new school and community groups. Drinking or not drinking is sometimes made an issue of acceptance, of conformity, of grown-up rights and independence. It is regrettable that a decision to drink or to abstain must often be made under strong social pressure from peers. Consequently, many issues not basically related to drinking become involved.

A strong incentive for young people to drink is that it is an adult practice, and young people, in their striving to appear mature, try to adopt many symbols of adult behavior such as smoking, driving cars, wearing make-up, earning money, and drinking.

Moreover, many young people start to drink because they wish to conform to group expectations. If they refuse to drink with their friends, they feel they will not be accepted, therefore, not be popular. Peer influence, therefore, is a striving motivation for the use of alcohol by young people.

Peer pressure may be so influential and strong for some children and young adults, especially as it concerns drinking, because honest, accurate, and realistic discussion about drinking has not taken place in the home setting. Thus, young people are forced to experiment with alcohol away from home. Moreso, this situation has been made worse by a similar lack of discussion about drinking in many school systems throughout the country.

Let's further explore some of the issues and questions raised in this chapter by the following exercise.

DISCUSSION EXERCISE

Please indicate whether each statement is True (T) or False (F).

1._____ Becoming a better parent can be aided by study, reflection and learning.

2._____The kind of child who enters nursery school or kindergarten is already strongly conditioned by the quality of parental care and guidance he or she has received.

3._____Some authorities believe that we ought to be teaching people about the responsible use of alcohol, not just about its abuse.

4._____Alcohol abuse prevention must include education about one's self-image, behavior, and attitude toward life.

5._____Teaching children that drinking is sinful is an effective way to encourage abstinence.

ANSWERS TO DISCUSSION EXERCISE

1. True — Being a good parent is based upon one's experiences, learning and desire.

2. True — One's lifetime behavioral responses and patterns are strongly conditioned by one's pre-school experiences.

3. True — Negative and "scare tactics" have not worked in our attempts to curtail problem drinking. A more productive approach is to help people drink more sensibly, if they choose to drink.

4. True — The prevention of alcohol abuse is an educational problem which begins with an examination of one's self-image, one's experiences, and one's attitude toward life.

5. False — Teaching children that drinking is a moral transgression or that alcohol is a poison can create substantial ambivalence and confusion in a child's mind especially when the child is confronted with a predominately drinking society. Such a course can actually result in the youngster becoming an abusive, excessive drinker later in life.

Chapter III

ATTITUDES AND CONCEPTS CHILDREN SHOULD KNOW

The prevention of excessive drinking begins by the development of healthy attitudes in people when they are very young, even as young as pre-schoolers. A reasonable approach in a home where parents drink is for them to help their children understand proper drinking practices and attitudes should they choose to drink, as well as the appropriate social responsibilities attached to drinking. When alcohol is used as a part of a meal, a celebration, a family or religious observance, and is treated as a beverage, it is placed in a secondary and controlled place in the life of the family. The following is a list of attitudes and concepts which may enable you to better understand the responsible use or non-use of alcohol.

1. Responsible drinking largely depends on knowing how to drink safely, sensibly and in a healthy manner.

2. The distinction between responsible drinking and drunkenness should be understood.

3. Drunkenness in any form is unacceptable behavior, should be avoided, and not tolerated.

4. It is not funny to laugh at drunkenness in any form.

5. Alcohol should be recognized pharmacologically as a drug which affects the central nervous system.

6. Excessive drinking is indeed irresponsible and anti-social behavior which does not indicate adult status, virility, and masculinity. Excessive drinking is harmful, not just to the drinker, but also to his family, friends, co-workers, neighbors, etc.

7. People who serve alcoholic beverages to customers and guests should realize their proper responsibility as good hosts and hostesses. This includes the responsible bartender as well as the responsible party host and hostess. The responsible behavior and safety of their guests or customers are involved.

8. People must come to understand that adults are significantly responsible for the drinking habits and attitudes of youth because of youth's imitation and identification.

9. We should be talking about "drinking" and maybe not so much about alcohol. We are supposed to be people-oriented; yet, we talk about the chemical alcohol and not the human behavior associated with it known as drinking. Furthermore, drinking is not an isolated phenomenon. We should be talking about how, when, and why people drink.

10. Drinking by itself should not be considered a fun activity.

11. Those who drink should respect the decision of other people to abstain from drinking. Those who abstain should respect the right of others to drink as long as their drinking is done in a responsible manner

12. The general public must begin to realize that the line between alcohol abuse and alcoholism cannot be clearly drawn; the difference is mostly a matter of degree and consequence, of purpose and pattern.

13. It is not essential to drink.

14. Drinking by itself should not be the primary activity, but should be associated with some other activity that enhances human life and dignity.

How we size up the situation will depend on our own attitudes toward alcohol — attitudes that we have picked up over the years from such influences as the family, friends, local customs, advertisements, laws, experiences, and religious teachings. Most important are the family's attitudes. Our children may not necessarily follow our pattern of behavior regarding alcohol, but what we say and do about alcohol will strongly affect their feelings about using it.

Why Do People Drink?

"People drink for a variety of social, cultural, religious, or medical reasons. They drink at parties and celebrations with friends and relatives. They drink in religious ceremonies. Some drink wine to complement the taste of their dinners. Some drink to relax. Some drink to increase their appetites.

The drinking of most people is 'integrative' drinking; that is, the use of alcohol is an adjunct to other activities, such as meals, family and religious feasts or an evening with friends.

Among Orthodox Jews, native Italians, and other groups where alcohol is part of religious or social traditions, there is a low incidence of problem drinking, though there is almost universal use of alcoholic beverages.

Some people, however, use alcohol for its own sake, for the anesthetizing effect it has on the mind and the body. These are the people who cannot do without alcohol; who drink to get drunk; who drink for courage; who use alcohol as an escape from life; who drink to forget their worries; who cannot have fun without alcohol; who use alcohol as a drug. These uses of alcoholic beverages often lead to drinking problems.''*

Why Do People Abstain?

There are many reasons why people abstain from alcohol use. Some people may not drink for moral or religious reasons, while others may dislike the taste or the effect of alcohol; others may not imbibe for financial, health, safety or personal reasons. In addition, not all settings or circumstances are conducive or appropriate for the drinking of alcoholic beverages. The majority of drinkers themselves sometimes do not prefer to drink at certain times. Some people choose to drink only on particular occasions, or on holidays, or because of religious, family or ethnic traditions. Such occasions may be a wedding, funeral, or New Year's Eve celebration. So, in essence, the majority of drinkers in a sense are abstainers most of the time, drinking on occasion and with normal propriety and control.

For 10 million alcoholic Americans, responsible drinking means no drinking at all. They have lost control over their drinking — a very real illness. And don't believe for a second that alcoholics are just "skid-row" bums. The "typical" alcoholic American can be young, old, male, female, black, white, rich, poor, employed, unemployed, executive, laborer, student, doctor, immigrant or native born. There's no such thing as typical.

***From Alcohol: Some Questions and Answers, National Institute on Alcohol Abuse and Alcoholism, DHEW Publication No. (HSM) 71-9084,GPO, 1971**

The National Institute on Alcohol Abuse and Alcoholism has characterized alcoholism as "America's largest untreated, treatable disease." With 10 million alcoholic Americans, it's our number one drug problem. Comprehensive and responsive treatment and rehabilitation services for our nation's suffering alcoholic population are long overdue.

However, these personal, private decisions not to drink in American culture often come under the influence of social pressures to drink. Some hosts and hostesses erroneously believe that the more a guest drinks, the better he or she must be enjoying the party. Peer groups pressure youths (and even adults) to drink in order to reinforce a masculine, adult-like behavior, sophistication, and maturity. Of course, all of these are invalid reasons for drinking. Abstaining means freedom of choice which is basic to the value orientation of American life.

In an odd twist, some people will be surprised to learn that the more militant abstainers can unintentionally increase alcohol problems by stigmatizing, mystifying, and emotionalizing drinking. This helps to create an unhealthy drinking enviroment in which alcohol problems can more readily develop. For example, one might categorize any type drinking under all circumstances as wrong, immoral and physically harmful. This is an individual belief or point of view — which one is entitled to. However, if such views are presented to children, they may become confused about drinking. They see beer and wine advertised on TV or in the print media, or they might observe someone else's dad drinking beer while watching a football game, and note that all seems well. This can cause the child to develop mixed feelings about alcohol; the child is unable to understand what role, if any, alcohol should play in his life; when to use it, when not to; how it should be used if one is to drink, and why.

To a youngster inexperienced and unfamiliar with the ambivalence surrounding drinking in American culture, abstaining may not appear as a valid and respectable option. After all, he views our society as one in which "everybody drinks." However, with skills in responsible decision-making, coupled with strong concepts of self-respect, self-confidence and basic, accurate information about drinking, a youngster can more readily arrive at a constructive conclusion about what meaning, if any, drinking will have in his or her life. Parents play an important role in this process.

This leads us to the myth that "If the parents don't drink, the children won't drink." This is true sometimes. But the highest incidence of alcoholism occurs among offspring of parents who are either teetotalers . . . or alcoholic.* Perhaps the "extremism" of the parents' attitudes is an important factor.

DISCUSSION QUESTIONS

1. Reflect on your own childhood. To what extent are you as a parent reacting as your parents did with you?

2. Suggest workable plans for in-depth parent-child relationships. How can you encourage your children to better listen, experience and communicate with you as parents?

3. How much time do you spend with each child? Share ideas on how to enrich the quality of the parents' time with the children?

4. Do some drinkers feel uncomfortable and nervous in the presence of abstainers?

*This statement is supported by the following factor: "A history of alcoholism or teetotalism in the spouse or the family of the spouse." From: Persons At High Risk of Alcoholism, "Criteria for the Diagnosis of Alcoholism" by the Criteria Committee, National Council on Alcoholism, American Journal of Psychiatry, August 1972.

Although children from non-drinking homes tend to abstain, those who later drink tend to have a higher rate of alcoholism.

Chapter IV

AS A PARENT, DO YOU KNOW WHAT RESPONSIBLE DRINKING IS?

Responsibility in alcohol use is a difficult concept to define and even more difficult to teach or prescribe. Yet, obviously it can be taught and learned and applied successfully because the vast majority of Americans who choose to drink do so in a responsible and controlled manner. To them, drinking is a harmless and pleasurable activity which involves no apparent negative effect for themselves, their families, or society.

The ideal, for those people who choose to drink, is to enjoy the pleasures and benefits that alcohol can offer without suffering the harm or the danger attendant to its abuse. Many millions of people are able to do just that. This ability is not the result of persons learning only about the dangers of alcohol and alcoholism. It comes from learning how to drink safely and with control, with parental guidance and example as well as with community sanction.

Responsible drinking can be honorable, safe, healthy, and sensible which reflects alcohol's use for the enjoyment and enrichment of life. It implies, above all else, a respect for and a recognition of human dignity. In a deeper sense, it may reveal one's outlook on life. This outlook or view on life entails how one is reared; takes into account one's value system, life style, religious beliefs, cultural and ethnic background, age, maturity, experience, living skills, and responsibility. In the final analysis, anyone choosing to drink has a responsibility not to harm himself or those around him.

Sometimes people may inadvertently contribute to alcohol problems by responding from myths, falsehoods, and misconceptions. Parents and teachers who do not allow realistic and scientifically-sound discussion through a responsible decision-making process may unintentionally provide erroneous and confusing information to young people. One example of this inconsistency sometimes occurs with responsible decision-making regarding whether one drinks or not, when one drinks, and how responsibly one drinks.

Some people still cling to the mistaken notion that alcohol is the sole cause of alcoholism. Alcohol abuse and alcoholism are vastly complex, and we still do not know the cause (s) of the disease of alcoholism. However, active alcoholism can be successfully treated and arrested.

CASE SITUATIONS FOR DISCUSSION

(Consider passing out 3x5 cards for answers; be sure not to spend too much time on each question.)

A. Your five-year-old daughter asks for a sip of your beer while you're watching a football game. What do you do?

B. You discover a bottle of alcohol hidden in your son's closet. What do you do?

C. You accidentally find your son with his best buddy, who appears to have alcohol on his breath and seems drunk. Your son doesn't appear drunk. What do you say or do then, or later on?

D. Your daughter comes home from a neighbor's house and tells you about Margaret's mother who is "drunk" and "acting funny". What do you say?

E. Your son, age 12, comes home late one night. He has the smell of alcohol on his breath and his eyes appear somewhat dilated. What do you do?

Chapter V

WHAT CAN YOU DO?

As a parent, you will probably never face a more challenging responsibility than how to transmit constructive habits and attitudes regarding alcohol to your children. We would welcome a quick, clean-cut answer. But unfortunately for most of us, there is no easy solution and no set of rules. Our fear of what alcohol will do to a growing child is mingled with echoes of old controversies, bolstered by religious and moral convictions, affected by current social usages and colored perhaps by personal recollection of the tragedy of a family member or friend who became an active alcoholic. Some of us are perhaps torn between strictness and leniency, between what we personally practice and what we feel we ought to teach.

It becomes clear, then, from the beginning that you cannot counsel a child with wisdom until you have examined your own attitudes and feelings about alcohol with total honesty. This drinking test can be the first step in helping you to examine these attitudes and feelings.

Here's a little test to find out what kind of drinker a person may be. It was developed by the National Institute on Alcohol Abuse and Alcoholism.

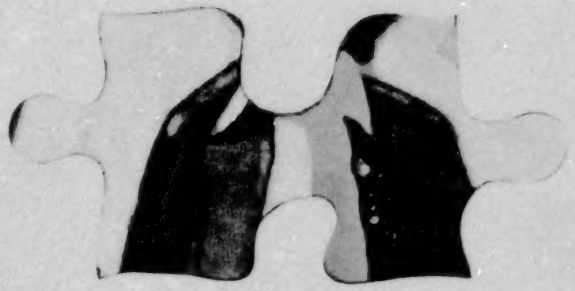
YES	NO	
_____	_____	1. Do you think and talk about drinking often?
_____	_____	2. Do you drink now more than you used to?
_____	_____	3. Do you sometimes gulp drinks?
_____	_____	4. Do you often take a drink to help you relax?
_____	_____	5. Do you drink when you are alone?
_____	_____	6. Do you sometimes forget what happened while you were drinking?
_____	_____	7. Do you keep a bottle hidden somewhere — at home or work — for a quick pick-me-up?
_____	_____	8. Do you need a drink to have fun?
_____	_____	9. Do you ever start drinking without really thinking about it?
_____	_____	10. Do you drink in the morning to relieve a hangover?

According to the National Institute on Alcohol Abuse and Alcoholism, a social drinker should have 3 or fewer "yes" answers. If you have four or more "yes" answers, you may be one of the 10 million Americans with a drinking problem.

This test is not a foolproof diagnosis, but it is a rather good indicator. Four or more "yes" answers does not necessarily mean you are alcoholic, or even that you have a serious drinking problem, but it should be regarded as a real danger signal.

Your next step may be to decide what attitudes and practices you want to foster in your own home.

And thirdly, you must help your child develop a responsible attitude toward alcohol's use and non-use.



Perhaps in your family, wine or beer is placed on the dining table as naturally as water or milk. Perhaps in your husband's business, deals are transacted over a cocktail. In all these instances, those who drink accept drinking as a custom that increases the pleasure of social relations. They feel it can be indulged in without interfering with daily activities. They feel that they can give alcohol up without any special strain and for them it may seldom, if ever, lead to drunkenness.

For many of us, alcohol presents one of the greatest unsolved problems of our times. Whether we drink or not, many of us are beset with doubts. We can be critical of others drinking habits and we can become alarmed by what excessive drinking may do to our children.

If parents drink, their ability to use alcoholic beverages with discretion and control will go a long way toward determining their children's actions. If parents do not drink, their reasons should be logical and reasonable, since a complete rigidity sometimes stirs up rebellion.

As young people approach or reach adulthood they have to decide whether or not they will drink. Obviously this decision is not reached in a sudden moment of revelation. Drinking is a custom which one either shuns or accepts over a long period of time.

But as parents, you do know this much: your children will look to you for guidance and example in this matter of drinking. They will receive some form of information about drinking since drinking is legal and customary for many. How then can you help them? Perhaps in these ways:

1. By examining with the utmost honesty our own attitude toward drinking.
2. By learning the truth about alcohol and encouraging our children to do so, from authoritative books and pamphlets.
3. By setting a good example, both in behavior and in conversation.

4. By discussing the subject fully and frankly with our children. Avoiding the subject is shirking our duty — even if we are abstainers. Our children must be given the facts and allowed to draw their own conclusions and make their own decisions.
5. By acquiring factual knowledge about alcohol, its use and non-use.
6. By working towards responsible positions and attitudes of our own regarding alcohol.
7. By being consistent in our teaching and personal practices regarding alcohol use.
8. By helping our children to view alcohol objectively, as a substance which can be used productively or destructively.
9. By teaching them some of the fundamental causes of problem drinking, such as drinking for the effects of drunkenness, use of alcohol as a crutch, the equating of heavy drinking with masculinity, and the like.
10. By promoting respect for other persons who practice responsibility toward alcohol in a different way, whether through use or non-use.

Children of parents who drink may have the opportunity in their home settings to observe the responsible use of alcohol. Their first experiences in situations where the beverage is used should be positive. For example, some parents may choose to introduce their children to their first drinks in the controlled setting of the home rather than have this introduction occur in secrecy outside of the home, perhaps as a symbol of rebellion.

A growing body of specialists, educators, and citizens are examining the advertising medium's effects on shaping and influencing children's behavior patterns, desires, and beliefs. Television commercials particularly appear to compete with parents in influencing attitudes and behavior of children.

This same concern is also being focused on how alcohol beverage advertising in magazines, on the radio, and in the print media may be effecting children.

Explicitly or implicitly, some alcohol advertisements imply that heavy usage of alcohol is a part of, not the reason for, a pleasant occasion. They could positively convey a spirit of moderation and responsibility in the use of alcohol and the life

style of the person who drinks. Alcoholism, alcohol abuse, and drunkenness might not be portrayed humorously. Alcohol might no longer be a symbol of sophistication, sensuousness, glamour, manliness, maturity, or virility. If alcohol use is depicted, it should be in a pleasant, relaxed social context, preferably with food. Some people should be shown as abstainers if the scene is large enough. The central focus of an advertisement should not be that alcohol will result in sophistication, manliness, sexual appeal, glamour, virility, or adult status. Advertising materials might not be placed in those environments where the audience is not principally a mature one. Can you think of any other steps that can be taken? Do you feel that the mass media, your churches,

and schools should have greater influence on children's attitudes about drinking? Do you feel they have the proper attitudes on these points?

UNDERSTANDING HOW TO USE ALCOHOL WISELY

Observe people who use alcohol moderately and successfully. They usually have a drink or two to slow down and relax, or to increase their pleasure in socializing with others, or to enjoy the flavor of the beverage and good food. They drink slowly, sipping the beverage, never gulping it. They space out their drinks and limit themselves to the few drinks they know they can handle without losing control of their behavior. They try to make it a habit to eat while drinking. They don't drink when they "need" one, saying "No, thanks" if they're overtired, anxious or depressed. They can still enjoy themselves without an alcoholic beverage.

DISCUSSION QUESTIONS

If you are in a group, ask the participants whether they agree or disagree with the following questions. When you have completed all questions, discuss your answers within your group.

Agree	Disagree	
_____	_____	1. Tell children that drinking is for adults, not children.
_____	_____	2. Apply negative sanctions to every incident of drunkenness.
_____	_____	3. If you think it's a sin to drink, tell your children so.
_____	_____	4. Let your children see the proper way to entertain. Don't push people to drink more than they want and give people a choice of non-alcoholic beverages.
_____	_____	5. The most important thing to do for your children is to voice your concern about the 10 million problem drinkers in this country.
_____	_____	6. Don't leave non-drinkers off your party list. It's good for the children to see that you can have fun without drinking.
_____	_____	7. Make a point of it occasionally not to drink yourself at a party. It's good for the children (and for you) to know that you can have fun without drinking.
_____	_____	8. Girls should be treated the same as boys with regard to drinking.
_____	_____	9. The mass media (TV, radio, newspapers, magazines) compete with parents in helping to shape children's behavior.

Chapter VI

CONCLUSION – A POSITIVE RESPONSE

Although the responsible drinking theme is only one of the many approaches aimed at reducing the rate of alcohol abuse and alcoholism in this country, it offers the American people for the first time a specific and positive response to the devastating impact of abusive drinking problems in our society.

Such a theme may work to end the American people's confusion and misconceptions about what are responsible, healthy, and safe drinking practices and behavior in our society. It provides a common rallying point for people in the alcohol beverage and alcoholism field. It can add a new perspective and realism to the physiologically-and-pharmacologically-oriented "alcohol education" programs which predominate in our school systems. And it may well make the American people far more conscious of problem drinkers, and encourage them to assist such people in getting help, especially at an earlier age.

The lessons of other peoples and cultures indicate that when drunkenness is not tolerated, when drinking is done in moderate amounts with generally understood guidelines about its sensible use, then there seems to be far less incidence of alcohol problems in the population. For the American people, the time to understand and come to grips with responsible drinking for those who choose to drink is long overdue.

If prevention efforts are to succeed, and if alcoholism is to be brought under control, heavy reliance must be placed on the concept of responsibility in the family setting. That concept is fundamental because the use of alcohol is permitted by society, it is widely accepted in our culture and its purchase is a matter of individual choice by law. The family is the place to begin because through it, we shape, mold, guide and influence our children the most for the rest of their lives.

Because individuals have freedom of choice in this matter, responsibility in the taking of alcohol must be at the core of alcoholism prevention program activities, whether they be focused on youth or adults, high-risk groups and individuals, or society in general.

"Alcohol education" should not be restricted to education about alcoholism or alcohol, but should be considered as an integral part of education for living, for coping with life, and the development of self-respect. Most education in this area occurs outside of schools.

One recurring question is how to change or modify people's behavior. Personal involvement and individual commitment play an important role in this process. And the process usually involves new knowledge, new associations and new experiences. This is how attitude change takes place.

American society is ambivalent in its attitudes towards alcohol and drinking. The substance alcohol and drinking practices are widely accepted, and yet there is an underlying sense that the acts are somehow wrong or sinful. The result is that guilt feelings may frequently be aroused in the use of alcohol. This doesn't have to be. It's up to your guidance and influence.

Remember, even though our values about people and life, religion and philosophy, drinking and responsibility may be communicated by deed rather than words, the message comes through. Children "see" what your values are, how they get across, how they affect your life, what they do. More than most parents realize, children will accept these values, not because of what you say, but because of what you do.

In the final analysis, we as parents and adults, play a most crucial role through example setting. Young adults and youths look to us for behavior relating to drink. After all, young people learn how to drink. They hear our conversation. They imitate our behavior. They identify with our values. Whether they learn healthy, safe, responsible, and honorable drinking habits and practices, if they choose to drink, depends in large measure on what we show them as adults and parents.

Discussion Question

As a result of your participation in this course, what changes may occur in your life or the lives of your children?

Critique Questionnaire

WE NEED YOUR INPUT

"All in the Family" was:	Interesting	Boring
	Motivating	Mediocre
(Circle all that apply)	"Right on"	"Square"
	Worthwhile	A waste of time
	Educational	Confusing

1. What did you like best about **All in the Family?** In other words, what helped you the most? (Please be specific and give examples)

2. What did you like least about **All in the Family?**

3. On what subjects or areas would you have liked more elaboration, if any?

4. Do you think the program was too structured?

5. Are you confused about any areas that were covered? (Please be specific)

6. Was too much material and information covered in too short of a time period?

7. Did you feel a need to discuss personal concerns that you did not want to bring up in a group setting?

(Please reply to SUGGESTIONS AND COMMENTS on reverse side.)

Complete if you wish:
NAME:_____ ADDRESS:_____

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Edition A

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Alcohol: A Family Affair, National Congress of Parents and Teachers (PTA) in cooperation with NIAAA, DHEW Pub. No. (ADM) 74-75, Chicago, Illinios, 1974

Alcohol and the Adolescent, Article reprinted from Parent's Magazine by Jean Libman Block, National Council on Alcoholism, 1973

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New York, New York 10010

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YMCA
291 Broadway
New York, New York 10007

Education for Parenthood Project
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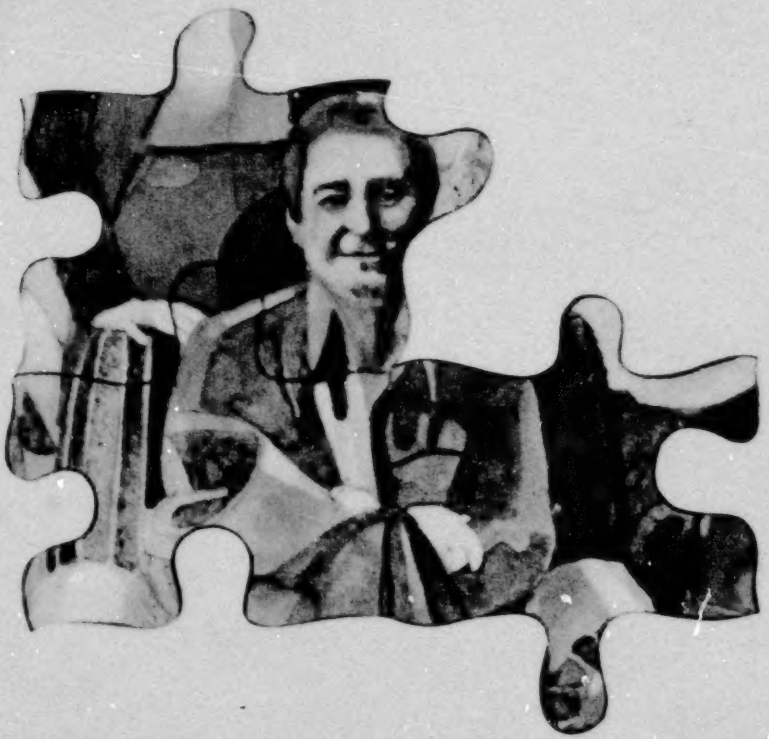

EXERCISE ABOUT TEENAGE DRINKING

Have participants write on a card or piece of paper which single view below they personally favor. In a round-robin manner have participants reveal their views and openly discuss them within the group.

(A) **Teenagers should learn on their own how to drink moderately; any young person can handle one drink.** (Youths can learn how to drink like their parents did. . .from their peers and friends. If a youth is reasonably responsible and mature, he or she shouldn't have any trouble.)

(B) **Teenagers should be taught how to use alcohol in a safe, healthy, and responsible manner; parents in the home setting should assume this major responsibility.** (Some authorities believe parents should teach their teenagers how to use alcohol in a safe, healthy, and responsible manner. If teenagers are going to experiment with alcohol they should do so in the home setting under parental guidance and sanction.)

(C) **It's already too late in the teen years to teach adolescents about alcohol; children beginning at a very early age should be taught responsible, healthy, and safe drinking practices and attitudes in the home setting.** (Some experts believe that parents of very young children have a primary responsibility in helping their children to understand alcohol's appropriate uses and non uses. The children might even taste wine or beer, or have wine at a meal setting.)

(D) **Teenagers are too immature and irresponsible to use alcohol wisely; they should reach the age of majority, preferably 18, before they are allowed to drink.** (Those who hold this view see alcohol as a drug which must be used wisely and with discretion. Alcohol's use in a healthy, safe, and responsible manner can only come with maturity and adulthood.)

(E) **Abstinence is the smartest policy for teenagers and adults alike.** (Whether we like it or not, some people become alcoholic — loose control over their drinking — a very real illness. We don't know what causes alcoholism so the best policy is to encourage no drinking at all. That's the surest way to help people avoid alcohol problems.)

Appendix B

ALCOHOL SELF-TEST (PARENTS)

	YES	NO
1. Have you ever told your child that being able to hold a lot of liquor is a sign of being grown up?	_____	_____
2. Do you drink more than you would want your teenager to drink?	_____	_____
3. Has your child ever seen you drunk?	_____	_____
4. Has your child ever seen you drink because you were feeling unhappy or nervous?	_____	_____
5. Do you try to hide how much you drink from your children?	_____	_____
6. Have you ever said something to your children when you'd been drinking that you were sorry for later?	_____	_____
7. Has your child ever seen you with a hangover?	_____	_____
8. Has your child ever seen you pass out from drinking?	_____	_____

If you answered any of these questions YES, your children may have a harder time learning to use alcohol responsibly. If you suspect that your family's drinking habits may be a problem, it would be wise to talk with someone qualified to help.

(This Test Is From the "Feeling Good" Series; Courtesy of the Community Education Services Division of Children's Television Workshop.)

Appendix C

ALCOHOL SELF-TEST (ADULT)

	YES	NO
1. Do you think and talk about drinking often?	_____	_____
2. Do you drink more now than you used to?	_____	_____
3. Do you sometimes gulp drinks?	_____	_____
4. Do you often take a drink to help you relax?	_____	_____
5. Do you sometimes forget what happened while you were drinking?	_____	_____
6. Do you ever drink in the morning to relieve a hangover?	_____	_____
7. Have you ever had an accidental injury after having some drinks?	_____	_____
8. Do you sometimes have several drinks when you meant to have only one or two?	_____	_____
9. Have people annoyed you by criticizing your drinking?	_____	_____
10. Have you ever had arguments with family or friends because of your drinking?	_____	_____
11. Have you ever felt guilty or embarrassed about your drinking?	_____	_____
12. Are there times you feel uncomfortable if alcohol is not available?	_____	_____

If you answered more than three YES questions, it would be wise to talk to someone qualified to help you determine whether alcoholism is a concern to you.

(This Test Is From the "Feeling Good" Series; Courtesy of the Community Education Services Division of Children's Television Workshop.)

Appendix D

ALCOHOL SELF-TEST (TEENAGERS)

	YES	NO
1. Does having a good time usually mean having to drink?	_____	_____
2. Do you get hangovers?	_____	_____
3. Do you sometimes have a drink when you're by yourself?	_____	_____
4. Have your parents or friends ever told you they were unhappy about your drinking?	_____	_____
5. Do you often get drunk when you drink?	_____	_____
6. Did you ever drink so much that people had to help you home, or that you fell asleep wherever you were?	_____	_____
7. Do you break things, get into fights or bad arguments when you've been drinking?	_____	_____
8. Have you ever missed classes or been unprepared for school or work because you'd been drinking?	_____	_____
9. Have you ever gotten in trouble with the police because of drinking?	_____	_____
10. Have you ever awakened without being able to remember what had gone on while you'd been drinking?	_____	_____

If you answered YES to any of these questions, your drinking habits might become a problem. It would be wise to talk with someone qualified to help you determine how serious this could be for you.

(This Test Is From the "Feeling Good" Series; Courtesy of the Community Education Services Division of Children's Television Workshop.)

Apprendix E

ALCOHOL: Some Questions and Answers

Selected Passages

from: National Institute on Alcohol Abuse and Alcoholism, DHEW Publication No. (HSM) 719048, Government Printing Office, Washington, D.C. 20402, 1971

HOW DOES ALCOHOL WORK IN THE BODY?

When you drink an alcoholic beverage, 20 precent of the alcohol in it is absorbed directly and immediately into the bloodstream through the stomach walls. Unlike other "food," it does not have to be digested. The blood carries it directly to the brain where the alcohol acts on the brain's central control areas, slowing down or depressing brain activity. The other 80 percent of alcohol is processed only slightly slower through the gastrointestinal tract and into the bloodstream. Alcohol is in such a rush to get into the bloodstream that moments after it is consumed it can be found in all tissues, organs, and secretions of the body.

A low level of alcohol in the blood, such as would result from taking one drink an hour, has a mild tranquilizing effect, since alcohol is a central nervous system depressant. It may at first seem to stimulate you, however. Through evolutionary development, the brain consists of many layers, and alcohol's first effects will be exerted upon the upper, or "newer," parts of the brain where learned behavior patterns such as self-control are stored. After a drink or two, this learned behavior may temporarily disappear, making you lose your inhibitions, talk more freely, or feel like the "life of the party." Or you may feel aggressive, or depressed.

Higher blood alcohol levels depress brain activity further to a point that memory, as well as muscular coordination and balance, may be temporarily impaired. Still larger alcohol intake within a relatively short period of time depresses deeper parts of the brain, producing a state of loss of control in which judgment is severely affected, and sensory perceptions are dulled. . . . .

IS DRINKING ALCOHOLIC BEVERAGES DANGEROUS?

All substances which exert an effect on the brain have the potential to be dangerous. This is true of alcohol. Irresponsible use of alcohol includes the heavy risk of harming oneself or others.

On the other hand, responsible use of alcoholic beverages has been widely practiced throughout history without negative effects or consequences. Of those persons in our society who choose to drink, most do so without harm to themselves or others. Whether

alcohol usage is responsible or irresponsible, harmless or dangerous, of course, depends on many factors such as the time, the place, the quantity, the reason, and the person.

HOW FAST DOES ALCOHOL TAKE EFFECT?

The rapidity with which alcohol enters the bloodstream and exerts its effect on the brain and body depends on several things:

*How fast you drink. The half ounce of alcohol in an average highball, can of beer, or glass of wine, can be burned up (oxidized) in the body in about 1 hour. If you sip your drink slowly and so not have more than one drink an hour, the alcohol will not "jolt" your brain and will not have a chance to build up in your blood and you will feel little unpleasant effect. Gulping your drink, on the other hand, will produce immediate intoxicating effects and depression of deeper brain centers.

*Whether your stomach is empty or full. Eating, especially before you drink as well as with your drink, will slow down the absorption rate of alcohol into your bloodstream and you will have a more even response to the alcohol.

*What you drink. Wine and beer are absorbed less rapidly than hard liquors because they contain small amounts of non-alcoholic substances that slow down the absorption process. These substances have been removed from liquor in the distillation process. Diluting an alcoholic beverage with another liquid, such as water, also helps to slow down absorption, but mixing with carbonated beverages can increase the rate of absorption.

*How much you weigh. The same amount of alcohol can have a greater effect on a 120-pound person than a 180-pound person. Alcohol is quickly distributed uniformly within the circulatory system. Therefore the heavier person will have smaller concentrations throughout his bloodstream and body than the lighterweight individual.

*The setting or circumstances you are in. For instance, if you are comfortably sitting down and relaxed, having a drink with a friend, alcohol will not have as much effect on you as when you are standing and drinking at a cocktail party. On the other hand, if you are emotionally upset, under stress, or tired, alcohol may have a stronger impact on you than normal. Your expectations will also have an influence. If you think you are going to become drunk, the ease and speed with which you will feel intoxicated will indeed be increased.

WHAT IS DRUNKENNESS?

Drunkenness, or intoxication, is the temporary loss of control over physical and mental powers due to overconsumption of alcoholic beverages. Symptoms, and their severity, vary from person to person. The widespread feeling in the United States that drunkenness is acceptable, or even a "comical" form of behavior, may contribute to problem drinking in our society.

Drunkenness is legally defined in many States as a .10 percent blood alcohol level, which produces lack of coordination. In other States, it is defined as .15 percent. In either case, it is illegal to drive a car after the specified blood alcohol concentration is reached.

WHAT ARE THE CAUSES OF ALCOHOLISM?

Alcoholism is a consequence of a complex interaction of biological, psychological, and sociological factors. Scientists do not yet indict a single cause, but professionals who work with alcoholic individuals report that they have found an unusual amount of stress and much deprivation in the lives of these persons. Researchers are continuing their studies of the multiple causes of alcoholism, such as genetic and chemical abnormalities in the body, poor nutrition, emotional problems, childhood deprivations, and environmental conditions.

Alcoholism would be impossible without alcohol, of course; but alcohol can no more be considered the sole cause of alcoholism than marriage can be considered the sole cause of divorce, or the tubercle bacillus the sole cause of tuberculosis.

WHEN DOES AN INDIVIDUAL BECOME AN ALCOHOLIC PERSON?

A consistent pattern of drinking problems indicates a loss of control over one's drinking and therefore constitutes an alcoholic problem.

Professionals agree that there is no exact dividing line applicable in all cases separating the alcoholic person from the non-alcoholic person. Each individual's case must be diagnosed by a physician, psychiatrist, or other therapist.

Although the popular image of the alcoholic person is a Skid-Row derelict, this group actually comprises only about 5 percent of the total number. Fully half of the alcoholic individuals in the nation are employed persons. . . . .

HOW CAN A PERSON WITH AN ALCOHOL PROBLEM BE HELPED?

The idea that nothing can be done for a person with a drinking problem no longer prevails in our society. A person can be helped at any stage as long as treatment and rehabilitation resources are available, the stigma of having an alcohol problem is not allowed to interfere, and he or she is treated by the caregivers with acceptance and understanding.

Problem drinking or alcoholism is recognized by professionals as a sympton of more than just a drinking problem. Help can be provided by a doctor, a clergyman, a local welfare agency, a clinic, a social worker, psychologist or psychiatrist, a general hospital or psychiatric hospital, or the local chapter of Alcoholics Anonymous. Many large business or industrial firms and labor unions also have programs to help their alcoholic employees and members find treatment and rehabilitation.

Alcoholics Anonymous is probably the best known agency offering help to people with drinking problems and alcoholic persons. AA is a self-help group in which members help themselves and one another in a type of group therapy setting that utilizes mutual experience for mutual support.

Many other community and social agencies offer referral services or direct help. Local affiliates of the National Council on Alcoholism exist in many communities, and every state and many communities have official alcoholism programs where help can be found or sources of treatment recommended. . . . .

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Program Managers
OPERATION THRESHOLD

The views expressed in this publication are those of the Operation THRESHOLD program managers, and do not necessarily represent those of the National Institute on Alcohol Abuse and Alcoholism.

CHAIRMAN'S GUIDE

CG 010 232

NOTE CAREFULLY: **All In The Family** is <u>not</u> an encounter group or sensitivity session. It's simply a sharing of thoughts, viewpoints, experiences, and ideas by a group of people on how we mold, shape, guide, influence, and teach our children. A particular emphasis is given to alcohol's use and non-use in this respect.

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INTRODUCTION

You have been appointed or have volunteered to be the group moderator or chairman for the **All In The Family** program. This can be an inspiring and exciting role for you. This guide will provide you with some tips and pointers to help you make your group discussion sessions more interesting, informative and rewarding.

You are not expected to be an expert in alcoholism or child psychology, or even to be deeply familiar with any of these areas. You are a coordinator and arranger of facilities, materials, people and time for the express purpose of facilitating group discussion. Perhaps you already have experience as a moderator or group discussion leader, and may even have a job somewhat related to alcoholism, counseling or child work. That's fine. Whatever, there usually is a wealth of talent available to you in any community or county. Local teachers and educators, social and health services people, nurses, counselors, clergymen, personnel managers, civic leaders and others will be delighted to assist you and to even participate in your group discussion sessions.

You may wish to hold regional group discussions with others in order to make the program even more attractive and special, or even undertake a community-wide meeting where you can break up into smaller, controllable groups or workshops. Use your imagination and ingenuity, and most of all feel free to be flexible with the guidelines we have provided for you.

STEPS IN BEGINNING

The basic requirements for a successful group discussion are the following: (1) an enthusiastic organizer; (2) a capable discussion leader; (3) an interested group of people; (4) a suitable place to meet.

The chairman undertakes the overall task of finding a place for the meeting, recruiting a discussion leader (if he or she does not plan to lead the discussion as well), and attracting group participants.

1. Read the manual and become familiar with the materials.
2. Hold a planning meeting.

   The planning meeting should be in the home of the leader or moderator. A decision should be made about when, where, and the time for the two meetings. Each session should be in the home of a member of the group. Couples should be encouraged to get babysitters to minimize distractions. Each meeting can be for a one-evening duration and should allow for coffee breaks.

3. The leader should acquire the workbooks for the **All In The Family** program from: Products Division, Catalog No. 747-8, U.S. Jaycees, Box 7, Tulsa, Oklahoma 74102. All orders must be prepaid.

   (In conjunction with the **All In The Family** program, you may elect to read two small booklets entitled **Drinking Myths**, RSVP 44-102 and **Social Drinking**, RSVP 44-207, produced by Operation THRESHOLD and available in single quantities from the U.S. Jaycees Chapter Services Center, for 25 ¢ each.)

4. Distribute the **All In The Family** books at least one week prior to the first meeting so the participants can read them. Each person should have his own personal copy. Suggest to members of the group to make notes as they read the book.

5. Serving coffee before the group begins can help create an informal atmosphere. Soft background music would be appropriate, too.

6. Make sure your meeting place fulfills your needs and will be available at the times you are to meet.

7. Make sure everyone is introduced to each other.

8. Start on time and end on time.

Remember, a successful group may consist of two people or several hundred broken down into smaller units. They can be Jaycees and their wives (of if single, their girlfriends), neighbors, friends, co-workers, and others.

UTILIZE THE FOLLOWING CHECKLIST:

_____ Project approved by Board of Directors

_____ **All In The Family** workbooks ordered from U.S. Jaycees

_____ Workbooks arrived

_____ Meeting dates set

_____ Time set

_____ Meeting place set

_____ Participants notified

_____ Kickoff planned

_____ Kickoff materials distributed

_____ Name badges ready

_____ Remind participants to read their **All In The Family** booklet, and bring their copies with them to the group discussion meeting.

_____ Diplomas ordered

STEPS ON LEADING THE GROUP

1. Be well-prepared. Read and reread the chapter you will be discussing and think through the questions and exercises at the end of the chapter. Do the exercises yourself to familiarize yourself with them.

2. A good group leader does not dominate the conversation, but helps keep the discussion moving, encouraging all participants to join in with their thoughts and feelings.

3. Be aware of one or two persons dominating the conversation and try to ask others their views so no one controls the discussion.

4. Try to keep the discussion directed to the material in the booklet.

5. Seek not to be judgmental. Each person has the right to his view. The important factor is understanding and being clear about what the person is saying. If a comment seems confusing, respond back by asking, "I'm not quite clear; could you go over it again?" Another technique is to say, "Let me see if I understand what you are saying," then repeat to him what you heard him say. This communicates to him that you are seeking to hear him clearly and understand his point.

6. If it seems that a real difference of opinion is becoming deadlocked, step in and move the discussion to another area.

7. If you find the discussion bogging down or lagging, be prepared to raise a new question or move into one of the exercises.

8. The important factor in these sessions is the sharing of thoughts and feelings. Do not feel you have to come to a conclusion about the topic discussed.

9. If a person does not want to share his thoughts and feelings about a topic discussed, respect those feelings and move on to someone else.

10. Speak when you can contribute something to the discussion, but don't monopolize it.

11. Under usual conditions, don't speak for more than a minute at a time.

12. If a member misses a session, call and tell him he was missed, that others members need his ideas. Find out why he missed. Show him that you are concerned.

WHAT QUALITIES SHOULD A GOOD MODERATOR OR CHAIRMAN POSSESS?

1. An Ideal Discussion Leader's Personality:

   a. The ability to think and act quickly
   b. The ability to get along with others
   c. The ability to listen to the opinions of others
   d. Respect for the opinions of others
   e. Willingness to remain in the background
   f. Awareness of his own feelings and attitudes

2. An Ideal Discussion Leader's Knowledge and Skills:

   a. Knowledge of discussion methods
   b. Knowledge of evidence and reasoning
   c. Knowledge or familiarity of the topic

TIPS FOR EFFECTIVENESS

(Examples of How to Handle Situations)

1. To call attention to a point that has not been considered:
   "Has anyone thought about this part of the problem?"

2. To question the strength of an argument:
   "What reasons do we have for accepting this argument?"

3. To get back to causes:
   "Why do you suppose Jimmy takes this position?"

4. To question the source of information or argument:
   "It would be helpful to the group if you could tell us where this information came from."

5. To suggest that the discussion is wandering from the point:
   "Can someone tell us how they see this as relating to the subject we are discussing?"

6. To suggest that no new information is being added:
   "Can anyone add anything to the information already given on this point?"

7. To call attention to the difficulty or complexity of the problem:
   "Aren't we beginning to understand why our legislators sometimes feel baffled by this problem?"

8. To register steps of agreement (or disagreement):
   "Am I correct in assuming that we all agree (disagree) on this?"

9. To bring the generalizing speaker down to earth:
   "Can you give us a specific example on that point?" "Your general idea is good, but I wonder if we can't make it more concrete. Does anyone know of a case . . . ?"

10. To handle the impatient, cure-all member:
    "But would your plan work in all cases?" "Who has an idea on that?" "Hadn't we better reserve judgement until we all know more about this problem?"

11. To suggest that personalities be avoided:
    "I wonder what bearing this has on the question before us?"

12. To suggest that some are talking too much:
    "Are there those who haven't spoken who have ideas they would like to present?"

13. To suggest the value of compromise:
"Do you suppose the best course of action lies somewhere between these two points of view?"

14. To suggest that the group may be prejudiced:
"Is our personal interest in this question causing us to overlook the interests of other groups?"

15. To draw the timid but informed member into the discussion:
"Pete, here, lived for quite a while in Spain. Suppose we ask him whether he ever saw . . . ?"

16. To handle a question the leader can't answer:
"I don't know. Who does?"

17. To encourage a speaker to talk with the group, not at the leader:
"Don't you think you'll be heard better if you face the rest of the group?"

18. To cut off a speaker who is too longwinded:
"While we're on this point, let's hear from some of the others. Can we save your point until later?"

19. To take the play away from a verbose member:
"You've raised a number of interesting points. Would anyone like to comment on them?"

20. To help the member who has difficulty expressing himself:
"I wonder if what you're saying is this . . . ?" "Doesn't what you've said tie in with our subject like this . . . ?"

21. To encourage further questions by friendly comment:
"That's a good question. I'm glad you raised it. Anyone have an answer?"

22. To break up a heated argument:
"I think we all know how Joe and Betty feel about this. Now who else would like to discuss the issue?"

QUESTIONS IN THE ALL IN THE FAMILY WORKBOOK

There are more questions listed throughout the workbook than can possibly be discussed in a typical group session. As chairman, you should pick the questions that you feel have the most benefit to your group or let the group decide which ones they feel to be the most important. You also should not limit your discussion just to these questions. Devise questions that you feel are important and solicit questions from the other participants in the course.

TO HELP YOU SUMMARIZE EACH CHAPTER

Chapter I - Parents as Models of Values

This chapter discusses how children beginning at a very early age receive messages from parents continually, and many times non-verbally.

* What ways do we communicate to our children?
(Imitation, identification, observation, conversation, mannerisms, voice tone, emotional level, touch, etc.)

* Children are less likely to grow up to misuse alcohol if they . . . ?
(Feel good about themselves; know how to make sound decisions; can understand and express their own feelings.)

* What other traditions and practices do we pick up from our parents?
(Time we open Christmas presents; tipping, etc.)

Also, don't make the participants feel guilty about any of their personal habits or practices; have them volunteer experiences and examples.

Chapter II — Whose Responsibility?

The importance parents play particularly in shaping and developing their children's attitudes and beliefs is stressed. Relatives and friends are also important in this respect. The parents' role as competing with the media and peers for supremacy of attitudes and viewpoints is brought out.

* How do the parents' wishes compete in the marketplace with teachers, peers, and the media?

* Does anyone wish to challenge the "Answers to Discussion Questions"?

Chapter III — Attitudes and Concepts Children Should Know

Principles in alcohol problems prevention are presented. Why do people drink and why do people abstain are dealt with. Reflection questions are presented.

* Are any other principles missing?
(Alcohol and drinking should not be a mysterious, emotional issue; how one drinks reflects the behavior a person will show in many other areas, etc.)

* Why do some people who drink feel manytimes threatened and uncomfortable with those who don't?
(America does not have clearly defined lines of behavior, norms and practices relating to alcohol's use and non-use.)

* How can we show our children that abstaining is a valid option? What are some alternatives to drinking?

Chapter IV — As Parents, Do You Know What Responsible Drinking Is?

This chapter starts out by providing some thoughts about responsible drinking for those who choose to drink. Responsible drinking for sick alcoholic people is no drinking at all. Thinking about responsible and irresponsible drinking needs to be placed on the public and family agenda. Case situations are presented.

* What is responsible drinking?
(One definition: not harming yourself or those around you; another includes the first but also says it's knowing how to drink, knowing your limits, and drinking with the result that human dignity, health, and happiness is maintained; a third definition has been that it's safe, healthy, and sensible.

* How many alcoholic people are there in the United States?
(10 million)

On the case studies, ask for volunteers to respond. Don't force anybody to answer. Remember, these are case study situations. There is no intention to relate the episodes to your participants' own families.

Chapter V — What Can You Do?

The parents' own feelings and attitudes have to be dealt with if there is going to be a rational, unemotional discussion of alcohol in one's family. A simple test for participants about their own drinking behavior is presented. What possible things parents can do as good examples for their children are given. How to drink safely is cited. Some provoking statements are made to obtain solid responses from the participants.

* What other questions might be raised about the Drinking Test?
(Some problem drinkers never get drunk.)

* What other ways can we help our children to understand alcohol's appropriate uses or non-uses in our society?

Don't forget to respect the viewpoints of people whether they agree with yours or not. No put-downs, remember.

Chapter VI — Conclusion — A Positive Response

A summation is made. The reality of people drinking in American society is faced; 100 million do drink in the course of a year. But freedom of choice to drink or not must be maintained.

* How can you help not only your children, but also friends and co-workers to come to grips with responsible attitudes and values about drinking?

SUPPLEMENTAL MATERIAL

VARIOUS METHODS TO PRESENT INFORMATION AND INITIATE DIALOGUE

I. HOW TO USE ROLE PLAYING

A. USES

1. To introduce an idea
2. To gain insight into human conflicts
3. To teach human relations
4. To teach interviewing or selling techniques
5. To bring understanding of another point of view

B. STEPS TO BE FOLLOWED

1. Select a timely problem involving differences of opinion or position.

2. If possible, select people to play roles who hold a view opposite from the role they play.

   a. Knowledge of individual personalities is important.
   b. Select the more outgoing individuals (informal leaders).
   c. Avoid unpopular people in unpopular roles.
   d. Give characters names to use other than their own.

3. Set the situation for an emotional scene.

4. Position actors in center of group if room permits, or in plain sight of all.

5. Start action.

6. Stop action as soon as the major points are presented or discussion gets off the track.

7. Have actors return to their places.

8. Have the group evaluate the situation and possible solutions.

II. MINI-SPEECHES

If you elect to use these mini-speeches, everyone might participate.

Method — Participants are numbered, beginning with one. The first draws a written topic (prepared by you in advance) and must talk on it 60 seconds, standing and facing the group.

Each in turn draws a topic and speaks (works best if you do not allow them to draw topics prior to standing ready to talk). Applause should be encouraged.

III. HOW TO USE BRAINSTORMING

A. USES

1. To bring out many ideas quickly
2. To loosen and encourage group participation
3. To gain greater representation of ideas
4. May be used at any point in a meeting

B. STEPS

1. Be sure to have a chalkboard or flipchart (may be done with a recorder, but less effective if people can't see their contributions).

2. Appoint a recorder to write responses on the board (sometimes two recorders may be used with the moderator alternating responses between them).

3. Announce that you would like to use the Brainstorming Technique to get ideas on subject.

   a. Ideas should be given as fast as you think of them.
   b. Do not wait to be recognized to speak out.
   c. Do not laugh at any response (some of the wild comments may spark a valuable idea in someone else's mind).
   d. Do not evaluate any response until after the entire brainstorming session is completed.
   e. All responses must be positive.
   f. Strive for a high number of ideas (quantity instead of quality; you can always go back and weed out unacceptable ideas later).

4. Repeat ideas for recorder.

5. Listen for the softly spoken ideas.

6. When ideas stop, summarize and consolidate, but only with the permission of the idea-giver. Every idea on the board belongs to someone. Respect it and guard it.

7. If any idea is vague, ask the person to clarify and expand it.

8. Ask the group to evaluate the responses and to narrow them to the best solution at this time.

IV. HOW TO USE CASE STUDIES

There are a number of ways the use of case studies may be approached. The most frequent use is to have the material duplicated for each person that will take part. If used as a part of a formal course, a case is usually assigned at one meeting and discussed at the next.

Most management classes approach the case study from the scientific method or the "straight thinking" method:

1. What is really the problem?
2. What are the factors involved?
3. What are the possible solutions?
4. What is the best solution?
5. Test and evaluate the decision.

Group discussion and analysis of the case may use the following group dynamics techniques:

1. Role playing the key human relations phase.

2. Buzz sessions give a high degree of satisfaction in discussion but are strongly influenced by leaders within the group. Use of the buzz session before the total group discussion tends to intensify reactions and total discussion.

3. A panel, a group interview, or a symposium may offer other approaches.

4. Brainstorming for possible solutions often brings unique ideas.

5. A planned group discussion can be very effective if the leader is alert to the group and avoids personal commitment to preferred action.

V. OTHERS

A. **Charades** is a game in which the one individual before the group attempts to relay a message through body and sign language. This sometimes involves less embarrassment because no talking is needed, and because most adults are familiar with the game. Consequently, the participants will probably be more relaxed, and have a greater interest in the proceedings.

B. **Flip-Charts** will enable the chairman to be more familiar and prepared with his topic. It will also provide a vehicle for the chairman to get his discussion group going. Color inks can be used.

SUGGESTED DISCUSSION QUESTIONS
THAT CAN REALLY GET THINGS MOVING

1. What do you think of this comment which has been made by a young man?

   "My feeling is that anything that is forbidden, or if the kids even get an idea that it's forbidden, makes it more attractive. I like the casual approach to it because I feel it takes that edge of 'forbidden fruit' off of it."

2. Have the group consider the dangers of scare tactics, condemnation, and misrepresentation of the truth. Cite examples such as:

   "Alcohol is a poison."
   "People who drink turn out to be criminals."
   "If you take a drink, you'll get sick and die."
   "Alcohol is evil and so are those who drink."
   "Alcohol kills brain cells."
   "Alcohol is the sole cause of alcoholism."

3. Have the group think of what non-drinking parents can do to communicate reliable information about alcohol as well as their own reasons for not drinking.

NUMBER OF MEETINGS

We feel this program can be undertaken in two evenings; however, you may find your group so excited and enthusiastic that they may wish to undertake as many as four or possibly five group meetings to thoroughly cover all of the points and thoughts raised in the **All in the Family** program. You and your group can decide this for yourselves.

EVALUATION PERIOD

Reserve enough time at the end of the meeting to discuss the course. Write down some strengths and suggestions. Also be sure they have filled out the pull-out evaluation sheet in the **All In The Family** booklet and collect them before they leave. Mail to Operation THRESHOLD, U.S. Jaycees, P.O. Box 7, Tulsa, Oklahoma 74102.

Evaluating the discussion:

1. Did the discussion stay on track? If not, why not?
2. How many members spoke?
3. Did any try to dominate the meeting? Did you?
4. Was the material sufficient in quality and quantity?
5. Your own personal comments about anything.

CONCLUDING THE DISCUSSION

When the time for adjournment has arrived, conclude with a summary, but reflect a concensus only if there is real agreement, and give fair coverage of divergent views, using tentative language to allow members to offer suggestions or corrections.

A good summary will help in sending the members home with the feeling that they have made progress.

DIPLOMAS

Participants who have regularly attended your sessions are entitled to receive a handsome diploma indicating completion of the **All In The Family** program.

You can expect to receive unlettered diplomas in about three weeks from the date you mail your order.

It is important that you plan ahead on ordering these, so the participants will not have to wait too long beyond completion of the course. Presentation of their diplomas is a good way to enthuse others about enrolling in the next course.

Send diploma requests to:

All In The Family Diplomas
OPERATION THRESHOLD
United States Jaycees
Box 7
Tulsa, Oklahoma 74102

Good Luck!